## FOLLOW-UP SCHEDULE

### Blood Lead Levels for Children Under the Age of Six

All diagnostic (i.e., confirmation) tests should be performed as soon as possible (ASAP), but at a minimum within specified time periods.

- **Diagnostic tests** should be venous; however, capillary tests are accepted if a venous cannot be obtained.
- Diagnostic specimens **must** be sent to an outside reference laboratory for analysis.
- Point of care (POC) blood lead analyzers (i.e., LeadCare) should **NOT** be used for diagnostic tests.
- **Follow-up (post-diagnostic) testing** can be capillary.
- CDC protocol for collecting capillary specimens should be followed (see first link below).

See [https://nchealthyhomes.com/clinical-lead-resources/](https://nchealthyhomes.com/clinical-lead-resources/) for a list of clinical resources.

Users should contact Children’s Environmental Health for further assistance.

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### INITIAL BLOOD LEAD LEVEL AND RESPONSE

<table>
<thead>
<tr>
<th>Blood Lead Level</th>
<th>Action(s)</th>
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| **< 3.50 µg/dL** | - Report blood lead test results to parents and document notification  
- Educate family about lead sources and prevention of lead exposure  
  - Retest at age 2, earlier if risk of exposure increases. |
| **3.50 – 4.99 µg/dL** | Perform diagnostic test ASAP (but at the latest within 3 months)  
If diagnostic test result is **3.50 – 4.99 µg/dL**, take same action as previous category **AND**  
- Provide clinical management  
- Conduct nutritional assessment and refer child to the WIC Program  
- Test other children under the age of six in same household  
- Conduct follow-up testing every 3 months until 2 consecutive tests are < 3.50 µg/dL |
| **5.00 – 9.99 µg/dL** | Perform diagnostic test ASAP (but at the latest within 3 months)  
If diagnostic test result is **5.00 – 9.99 µg/dL**, take same action as previous category **AND**  
- Complete Form 3651: Exposure History of Child with Elevated Blood Lead Level to identify possible lead sources and fax a copy to (919) 841-4015  
- Refer case to local health department to offer an environmental investigation  
- Conduct follow-up testing every 3 months until 2 consecutive tests are < 3.50 µg/dL |
| **10.00 – 44.99 µg/dL** | Perform diagnostic test ASAP (but at the latest within 1 month at 10.00 – 19.99 µg/dL  
and within 1 week at 20.00 – 44.99 µg/dL)  
If diagnostic test result is **10.00 – 44.99 µg/dL**, take same action as previous category **AND**  
- Refer to local health department for required environmental investigation  
- Refer child to CDSA* Early Intervention or CMARC** as appropriate  
- Refer to Social Services as needed for housing or additional assistance  
- For 10.00 – 24.99 µg/dL: Conduct follow-up testing every 1-3 months until 2 consecutive tests are < 3.50 µg/dL  
- For 25.00 – 44.99 µg/dL: Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL |
| **45.00 – 69.99 µg/dL** | Perform diagnostic test ASAP (but at the latest within 48 hours at 45.00 - 59.99 µg/dL  
and within 24 hours at 60.00 - 69.99 µg/dL)  
If diagnostic test result is **45.00 – 69.99 µg/dL**, take same action as previous category **AND**  
- Consult with North Carolina Poison Control (800) 222-1222 for advice on chelation and/or hospitalization  
- Consider an abdominal X-ray check for ingested object  
- Alert NC CLPPP by calling (919) 707-5854  
- Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL |
| **≥ 70.00 µg/dL** | Perform emergency diagnostic test immediately  
If diagnostic test result is **≥ 70.00 µg/dL**, take same action as previous category **AND**  
- Hospitalize child and begin medical treatment immediately  
- Conduct follow-up testing every 2 weeks to 1 month until 2 consecutive tests are < 3.50 µg/dL |